

Broker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <b>10/069261</b>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3	/		/				53				
4		/		/			54				
5		2		/			55				
6		2		/			56				
7		2		/			57				
8		2		/			58				
9		2		/			59				
10		2		/			60				
11		2		/			61				
12		2		/			62				
13		2		/			63				
14		2		/			64				
15		2		/			65				
16		2		/			66				
17		2		/			67				
18		2		/			68				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		2				TOTAL IND.				
TOTAL DEP.	20		18				TOTAL DEP.				
TOTAL CLAIMS	22		20				TOTAL CLAIMS				

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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